

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Atty General of PA
Strawberry Square
Harrisburg

2. Article Number (Copy from service label)

006 1994
3317 2221

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERYA. Received by (Please Print Clearly) **DEC 6 4 2000**

B. Date of Delivery

C. Signature

x *Terry L. Maciel*

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

3
12/12/00
Lambert

FILED
COTTON

DEC 7 2000

Per

DEPUTY CLERK